Abbreviations

ADAP	AIDS Drug Assistance Program	HARS	HIV and AIDS Reporting System
AETC	AIDS Education and Training Center	HBV	Hepatitis B Virus
AHW	AIDS Housing of Washington	НСРС	Virginia HIV Community Planning Committee
AIDS	Acquired Immune Deficiency Syndrome	HCV	Hepatitis C Virus
API	Asians and Pacific Islanders	HHS	United States Department of Health and Human Services
ART	Antiretroviral Therapy	HIV	Human Immunodeficiency Virus
CD4	Cluster of Differentiation 4		•
CDC	Centers for Disease Control and Prevention	HRSA	Health Resources and Services Administration
CCA	Childhood Sexual Abuse	IDU	Injection Drug User
CSA		IRR	Incidence Rate Ratio
CSW	Commercial Sex Worker HIV Counseling, Testing and	KFF	The Henry J. Kaiser Family Foundation
CIK	Referral		
DC	District of Columbia	LTBI	Latent Tuberculosis Infection
DDP	Division of Disease Prevention	MAI	Minority AIDS Initiative
DTO	Drug Trafficking Organization	MMWR	Morbidity and Mortality Weekly Report
EC	Emerging Communities	MPAETC	Mountain Plains AIDS
EMA	Eligible Metropolitan Areas		Education and Training Center
EVMS	Eastern Virginia Medical School	MSA	Metropolitan Statistical Areas
FDA	Food and Drug Administration	MSM	Men who have Sex with Men
FTM	Female to Male	MTF	Male to Female
GLSEN	Gay, Lesbian and Straight Education Network	NAMI	National Alliance on Mental Illness
HAART	Highly Active Antiretroviral Treat- ment	NCFH	National Center for Farmworker Health



NCH	National Coalition for the Homeless	USCIS	United States Citizenship and Immigration Services
NCLR	National Council of La Raza	USPHS	United States Public Health Service
NHBS	National HIV Behavioral Surveillance System	VACRS	Virginia Client Reporting System
NIDA	National Institute on Drug Abuse	VCU	Virginia Commonwealth University
nPEP	Post Exposure Prophylaxis (nonoccupational)	VDH	Virginia Department of Health
ОМВ	Office of Management and Budget	WHO	World Health Organization
PEP	Post Exposure Prophylaxis		
PTSD	Post Traumatic Stress Disorder		
RAINN	Rape, Abuse and Incest National Network		
SERL	Survey Evaluation and Research Laboratory		
SPAP	State Pharmaceutical Assistance Program		
SPNS	Special Projects of National Significance		
STD	Sexually Transmitted Disease		
STI	Sexually Transmitted Infection		
ТВ	Tuberculosis		
TES	Total Early Syphilis		
TGA	Transitional Grant Areas		
THIS	Transgender Health Initiative Study		
UNC	University of North Carolina		
USCF	University of California, San Francisco		



Technical Notes

All data was tabulated using date of diagnosis by the Virginia Department of Health, Division of Disease Prevention, unless otherwise noted. Virginia surveillance data was accessed from the HIV/AIDS Reporting System (HARS) or the Sexually Transmitted Disease Management Information System (STDMIS) during 2007. The Division of Disease Prevention encourages the ongoing and systematic collection of HIV/AIDS reporting from public and private providers and laboratories across the state. However, information is not available on persons who are HIV positive but not reported or who have not been tested.

Throughout the Profile, case definitions and time periods change to provide a broad analysis of HIV/AIDS, STDs and co-morbidities in Virginia. This was achieved by analyzing a variety of data sets. For each analysis the most current data is presented, but the date of data collection varies by source. Extensive literature reviews were conducted in order to include important contextual information for each population. In many cases, hyperlinks are included to provide easy access to online information.

AIDS Case Definition Change

On January 1, 1993, the AIDS surveillance case definition for adolescents and adults, ages greater than or equal to 13 years, was expanded to include three additional clinical conditions (pulmonary tuberculosis, recurrent pneumonia, and invasive cervical cancer) as well as a laboratory marker of severe immunosuppression in HIV-infected persons.

HIV and AIDS reporting

Virginia regulations require reporting of HIV and AIDS cases separately. As a result, a person can be listed as either a Virginia HIV case, a Virginia AIDS case, or as both (HIV and AIDS). A person first diagnosed with HIV infection with no AIDS defining events will always be an HIV case. If at a later time, the patient is diagnosed and reported as AIDS the person will be listed as both an HIV and AIDS case. If a patient's initial diagnosis and report of HIV infection is accompanied with an

AIDS defining event, the person will be listed as only an AIDS case.

Living Cases

When active (e.g., review of charts at provider's offices) or passive (e.g., receipt of death certificate from Division of Vital Records) surveillance indicates that a patient with HIV or AIDS has died, the reporting database is updated to reflect this information. Living counts will be indicated.

Report Date vs. Diagnosis Date

Time frames are selected based on either the date of report or date of diagnosis. The report date is the date the morbidity is entered into the database. Diagnosis date is the date the disease was diagnosed by a health professional. Statistical reports prepared based on diagnosis dates are likely to change over time, given that disease reports sometimes involve time lags of varying degrees.

Geography

All location information is based on the address that is reported to the Division at the time of report.

Geocoding

In 2002, the Division of Disease Prevention initiated geocoding of morbidity reports to ensure assignment of morbidity to the correct localities. As a result, disease burdens for health jurisdictions beginning in 2002 may differ from prior years.

Incidence data

In general, diagnosis date reflects people diagnosed recently with HIV/AIDS and provides a better understanding of the epidemic and the need for HIV prevention and care services. However, this data does not show the total number of people infected because not all people are tested, some people are tested years after infection, and some are never reported.

Rates

Crude rates were calculated as the number of diagnosed cases that occur in a specified population during a specified period of time divided by



the population at risk. Rates were calculated using population estimates from the U.S. Census Bureau. If population data was unavailable, counts are presented instead of rates.

Transmission Risks

Men who have Sex with Men (MSM) includes men who report sexual contact with other men and men who report sexual contact with both men and women.

Multiple Heterosexual Contacts is defined as HIV or AIDS cases having had sexual relations with ten or more lifetime heterosexual partners or three or more heterosexual partners in the previous twelve months.

Undetermined/Unknown includes HIV cases not counseled due to medical reasons or those who refused counseling. Undetermined/Unknown also includes AIDS cases lost to surveillance follow-up and a risk could not be established.

It is possible for an adult/adolescent AIDS case to have a pediatric mode of transmission.

Age Groups

HIV tabulations are based on the person's age when the earliest positive HIV test was documented. AIDS age group tabulations are based on the person's age at diagnosis of AIDS. Adolescent/adult cases include persons 13 years of age and older. Pediatric cases include children under 13 years of age.

Syphilis

Total early syphilis refers to a diagnosis of primary, secondary or early latent syphilis.

Sparklines

Sparklines are data-intense, word-sized graphics developed by Edward Tufte. Sparklines are a visual representation of quantitative information. They are a tool that illustrates change and can be used to enhance the decision making process by displaying data in a clear, concise format.

